PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart Chice; U.S. Debart Chice; U.S. Debart Chice; U.S. Patent and Tradems Chice; U.S. Patent a

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,883			ing Date 15/2008	To be Mailed
	Al	AS FILE	SMALL	ENTITY \square	OR		HER THAN				
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A		N/A	TEE (a)		N/A	TEE (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A			N/A	
듬	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A	-	N/A		N/A			N/A	
	(37 CFR 1.16(a), (p), FAL CLAIMS	or (q))	minus 20 =		•		x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x s =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each n thereof. See						
ш	MULTIPLE DEPEN			TOTAL							
* If the difference in column 1 is less than zero, enter "0" in column 2.								L	ı	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	08/20/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 32	Minus	 38	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	• 5	Minus	4	= 1		x \$ =		OR	X \$220=	220
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	220
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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M	Independent (37 CFR 1,16(h))		Minus	***	:		x \$ =		OR	x s =	
ä	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
. , ,									OR	TOTAL ADD'L FEE	
If the entry is column 1 is less than the entry in column 2, write "of in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3". "PAUL M. STANBACK/ The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, should be sent to the CEMPTO. USE and the sent of the CEMPTO. The value of the complete is form and/or segregations for reducing this burden, should be sent to the CEMPTO. However, the commence p.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS. SE